

# Request to Disburse Agency Funds

Instructions: Fill out form online, print and then obtain necessary signatures.

## Owner of Funds

Name of Owner: \_\_\_\_\_

C-FOAP Charged for Disbursement:

Chart: \_\_\_\_\_ Fund: \_\_\_\_\_ Fund Title: \_\_\_\_\_

Org: \_\_\_\_\_ Org Title: \_\_\_\_\_

Account: \_\_\_\_\_ Account Title: \_\_\_\_\_

Program: \_\_\_\_\_ Program Title: \_\_\_\_\_

Amount of Disbursement: \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Payee is a Non-Resident Alien?  Yes  No

Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Owner Attestation:

I represent that I am either the Owner of the Agency Fund identified above ("Fund") or the Owner's authorized representative. By signing this Request to Disburse Agency Funds form, I direct that the University disburse the amount indicated above to the Payee identified, and I represent that this disbursement does not return unexpended funds to the owner or an owner representative.

I further represent that if the payee is a non-resident alien, I have informed my University of Illinois liaison unit prior to performing any services for compensation or acquiring goods and services for reimbursement by this disbursement, and I have provided all requested payee documentation required to comply with University foreign national processes.

Owner/Authorized Owner Representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: *Obtain ink signature after printing completed form.* Date: \_\_\_\_\_

## Liaison Unit

Unit Name: \_\_\_\_\_ Chart: \_\_\_\_\_ Org Code: \_\_\_\_\_

Payee Banner Vendor ID: \_\_\_\_\_

## Liaison Attestation:

I have reviewed this Request to Disburse Agency Funds form and verify to the best of my knowledge that the request is appropriate and that, unless approved by UAFR, the disbursement will not create an overdrawn fund. I further verify that payment or nonpayment of sales tax is in accord with the owner's tax-exempt status.

If the payee is a non-resident alien, I have obtained and submitted all required visa and related documentation to the Office of University Payroll and Benefits and they have granted permission to issue this payment.

Liaison Unit Representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: *Obtain ink signature after printing completed form.* Date: \_\_\_\_\_

**Invoice or other appropriate documentation of the nature and purpose of the expenditure must accompany this form.**